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Attorney Docket No.		1009-US					
First Inventor		WEST					
Title	THERAPEUTIC SPINAL REST						
			ED444400070				

(Only for new nonprovisional applications under 37 CFR 1.53(b)) | Express Mail Label No. | ER444422873

APPLICA	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application									
See MPEP chapter 600 cond	ADDRESS 10. Box Patent Application Washington, DC 20231									
	orm (e.g., PTO/SB/17) duplicate for fee processing)			CD-ROM or CD-R i	•		e table or			
2. Applicant claims s See 37 CFR 1.27.	Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)									
3. Specification (preferred arrangement)		a. Computer Readable Form (CRF)								
 Descriptive title of the invention Cross Reference to Related Applications Statement Regarding Fed sponsored R & D 				b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or						
 Reference to sequence listing, a table, 				i. CD-ROM or CD-R (2 copies); or 10 cp. ii. paper						
or a computer program listing appendix - Background of the Invention				c. Statements verifying identity of above copies						
- Brief Summary of the Invention				ACCOMPANYING APPLICATION PARTS						
 Brief Description of the Drawings (if filed) Detailed Description 				Assignment Papers (cover sheet & document(s))						
Claim(s)Abstract of the	10. 37 CFR 3.73(b) Statement Power of Attorney									
4. Drawing(s) (35 U.S.C. 113) [Total Sheets 10]				11. English Translation Document (if applicable)						
5. Oath or Declaration [Total Pages]				12. Information Disclosure Copies of IDS Citations						
a. Newly executed (original or copy)				13. Preliminary Amendment						
b. Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 18 completed)				14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)						
i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s)				15. Certified Copy of Priority Document(s) (if foreign priority is claimed)						
named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).				16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35						
6. Application Data Sheet. See 37 CFR 1.76				or its equivalent. 17. Other:						
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,										
or in an Application Data She	eet under 37 CFR 1.76: Divisional Continuation-in-	nart (CIP)	-f	ion opplication No.	,					
Prior application information:	Examiner:	part (Oil)	Oi pr	ior application No.: Group Art Unit:						
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under										
	f the disclosure of the accompanyin relied upon when a portion has bee						rated by reference.			
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Customer Number or Bar Code Label (Insert Customer No. or Attach bar co				or ✓ Correspondence address below						
Name	MICHAEL A. GUTH									
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Country	USA	Teleph	one 83	831 462 8270		ax	8314628273			
Name (Print/Type)	MICHAEL A. GUTH		Registra	ation No. (Attorne	y/Agent)		45,983			
Signature	Michael Hur	Ĺ	-		Date	11/1	2/2003			

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